PTO/SB/22 (08-03)

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		FOR EXTENSION C			I Docke	No. (Optional) 06727/000H530-US0
	In re Application of Yaron Lederman, et al.					
			Application I	Number 37,300-Conf. #8591	Fil	ed August 11, 2000
	For: AUTOMATIC IMPLEMENTATION OF NETWORK CONFIGURATION CHANGES					
			Art Unit	2665	Examiner	Steven H.D. Nguyen
	This is a red	quest under the provision	ons of 37 CFR 1.1	36(a) to extend the p	period for filir	ng a reply in the above
		ted extension and appr	opriate non-small	-entity fee are as follo	ows (check t	me period desired):
	×	One month (37 CFR 1 Two months (37 CFR	-	RECEIVE		\$ 110.00 \$
		Three months (37 CFI		JUN 1 0 2004	1	\$
		Four months (37 CFR	1.17(a)(4)) To	7(a)(4)) Tachaology Contact		\$
		Five months (37 CFR	1.17(a)(5))	chnology Center	2000	\$
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$					
	X A check in the amount of the fee is enclosed.					
•	Payment by credit card. Form PTO-2038 is attached.					
	The Director has already been authorized to charge fees in this application to a Deposit Account.					
n	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 .					
	I have enclosed a duplicate copy of this sheet.					
•	I am the applicant/inventor.					
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	attorney or agent of record. Registration Number					
	x attorney or agent under 37 CFR 1.34(a).					
	Registration number if acting under 37 CFR 1.34(a)					
	June 3, 2004 Date Signature					
	(212) 527-7770 S. Peter Ludwig					
	Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more					
		gnatures of all the inventors or a ignature is required, see below	ssignees of record of the	entire interest or their repres	sentative(s) are re	equired. Submit multiple forms if more
	То	otal of1	forms are sub	mitted.		
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	Express Mai	I Label No.	Dated:			

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